STATE OF MARYLAND—CERTIFICATE OF DEATH

04169

1. PLACE OF DEATH (83a)

County Charles Registration Dist. No. 105

Village or City Waldorf, No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Verbal C. Adams.

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Effie A. Adams

6. DATE OF BIRTH (month, day, and year) Oct. 9, 1878

7. AGE Years 61 Months 6 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farming

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waldorf, Chas. Co. Md.

FATHER

13. NAME William D. Adams

14. BIRTHPLACE (city or town) (State or country) Chas. Co. Md.

MOTHER

15. MAIDEN NAME Sarah Jane Robey

16. BIRTHPLACE (city or town) (State or country) Chas. Co. Md.

17. INFORMANT (Address) J. H. Adams (Brother) Waldorf, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Date April 22, 1940

19. UNDERTAKER (Address) Hunt & Ryon Waldorf, Md.

20. FILED Apr 22, 1940 M. L. Mudd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 19th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1939, to April 13, 1940

I last saw him alive on April 13, 1940; death is said to have occurred on the date stated above, at 8 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arthritis condition of Artins & Central Drainage

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos Lynch M. D.

(Address) Waldorf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

MAY 6 1928
BUREAU V.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-A)

CERTIFICATE OF DEATH

04170

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: County Near Waldorf, Md

City or town (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State County

City or town Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles H. Bean

3. (b) Social Security Number

4. Sex M

5. Color or race Col.

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 62? Months Days If less than one day hrs. min.

9. Birthplace White Plains, Chas. Co. (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name John Bean

13. Birthplace Md.

MOTHER 14. Maiden name Elizabeth McPherson

15. Birthplace Md.

16. Informant Josephine Briscoe

Address Waldorf, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/3/40 (month) (day) (year)

Cemetery or crematory Piney Church Cemetery

Location Waldorf, Md.

18. Funeral director Hunt & Payne

Address Waldorf, Md.

19. April 3 1940 (Date rec'd by registrar) M. L. Mouser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/20/39 19 to 4/1 19 40 and that I last saw h alive on 2/20/ 19 40

	DURATION
Immediate cause of death Nephritis	
Due to Prostatic	
Due to Carcinoma	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. P. Walker M. D. or other

Address Waldorf, Md Date signed 4/2/40

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MAY 6 1940
BUREAU V. S.

04171

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: Waldorf Md (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Waldorf Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John H. Bean

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 15 - 1848

8. AGE: Years: 91 Months: 6 Days: 19 If less than one day hrs. min.

9. Birthplace: Waldorf Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John H. Bean
13. Birthplace: Md

MOTHER
14. Maiden name: Harriet Marlow
15. Birthplace: Md

16. Informant: Henry A. Bean
Address: Waldorf Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4-4-1940 (month) (day) (year)
Cemetery or crematory: Piney County
Location: Waldorf Md

18. Funeral director: Hunt & Ryan
Address: Waldorf Md

19. April 4 1940 (Date rec'd by registrar) M. L. Mourdz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 2 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25 1940, to April 2 1940, and that I last saw him alive on March 31 1940.

Immediate cause of death: Cerebral Thrombosis — DURATION: 4-5 days.

Due to: Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Hugh W. Tegmeier Md
M. D. or other
Address: Hughesville Date signed: 4-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAY 6 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

04172

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles.
City or town Pisgah.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daisy E. Braguniер

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife William P. Braguniер
(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1880.

8. AGE:

Years	Months	Days	If less than one day
59	5	12	hrs. min.

9. Birthplace Pisgah, Maryland.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business
FATHER 12. Name John J. Bowie.
13. Birthplace Pisgah, Md.
MOTHER 14. Maiden name Susie Posey.
15. Birthplace Chicamuxen Md.
16. Informant W. P. Braguniер.
Address Pisgah Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 1, 1940.
(month) (day) (year)
Cemetery or crematory Methodist Cemetery
Location Pisgah, Md.
18. Funeral director Herbert R. Posey,
Address Waldorf, Md.
19. April 30 1940 Mary Swanland Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 2:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1937, to Apr. 1940
and that I last saw her alive on Apr. 25 1940

Immediate cause of death	DURATION
Diabetes Mellitus.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. C. Bichmell, M.D.
M. D. or other
Address Marbury, Md. Date signed Apr. 29, 1940.

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MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170-C)

04173

CERTIFICATE OF DEATH

Reg. Dist. No. 121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A45

1. PLACE OF DEATH:

County: Charles

City or town: Marbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Chicamuxen Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Clark Jr.

3. (b) Social Security Number: 213-01-1701

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Old	Married.

6 (b) Name of husband or wife: Marie Clark

6(c) If alive, give age: 24 years

7. Birth date of deceased (mo., day, yr.): 1908

8. AGE: Years	Months	Days	If less than one day
31			hrs. min.

9. Birthplace: Marbury Md (Town, county, and state)

10. Usual occupation: Laborer.

11. Industry or business

FATHER 12. Name: William Clark

13. Birthplace: Ripley, Md.

MOTHER 14. Maiden name: Nettie Bowman.

15. Birthplace: Pison, Md

16. Informant: William Clark.

Address: Marbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 14, 1940. (month) (day) (year)

Cemetery or crematory: Smith's Chapel

Location: Pisgale, Md.

18. Funeral director: Stanley Penny

Address: Pisgale, Md.

19. April 12 1940 (Date rec'd by registrar) Mary Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 11 1940, at 11 8 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Crawial Fracture	
Due to Intracranial Hemorrhage.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident Date of: Apr. 11 1940

Where did injury occur? Marbury (City or town) Charles (County) Md. (State)

Injured at home, farm, industry, public place (where?): Public Highway, Etc.

Means of injury: Auto accident Injured at work?

23. SIGNATURE: Geo. C. Bicknell, M.D.

M. D. or other

Address: Marbury Md Date signed: Apr. 12 40

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MAY 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04174

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (83-a)

County Charles Registration Dist. No. 10W

Village or City La Plata No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lemuel Dodson If U. S. Veteran, specify WAR ...

(a) Residence: No. Rural East La Plata St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Cora Dodson

6. DATE OF BIRTH (month, day, and year) Jan. 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62 1878	Jan	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Hilltop Chas. Co.

FATHER

13. NAME Henry Dodson

14. BIRTHPLACE (city or town) (State or country) Chas. Co.

MOTHER

15. MAIDEN NAME Sarah Dent

16. BIRTHPLACE (city or town) (State or country) Chas Co.

17. INFORMANT Charles Ross (Address) Hilltop.

18. BURIAL, CREMATION, OR REMOVAL Place Hill Top Cemetery Date April 19, 1940

19. UNDERTAKER Penny and Cooper (Address) Mason Springs Md

20. FILED April 19, 1940 Lillian Posey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 17 (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan. 4, 1939, to April 17, 1940

I last saw h(im) alive on April 17, 1940; death is said to have occurred on the date stated above, at 10:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-4-39
	4-17-40
Other Contributory Causes of Importance:	
Hypertension	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external ceuses (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? ... Dete of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature ot injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) D. Kedelen M. D.

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 6 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04175

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Chas Registration Dist. No. 108

Village or City Near Charlotte Hall No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ~~Cit~~ yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant (Gantt) Dorsey

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, end year) Apr 28, 1940

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

Still born

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Charlotte Md

FATHER

13. NAME Chas Gantt

14. BIRTHPLACE (city or town) (State or country) Chas Co Md

MOTHER

15. MAIDEN NAME Harrett (Biggie) Dorsey

16. BIRTHPLACE (city or town) (State or country) Chas Co Md

17. INFORMANT (Address) Ida Fitz Hall Charlotte, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Near Charlotte Md Date May 1, 1940

19. UNDERTAKER (Address) Chas Gantt Charlotte Hall Md

20. FILED May 1, 1940 Eva Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at ... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still Born	
Premature birth	

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Katherine Schoonmaker M. D.

(Address) La Plata, Md Co, Mus

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED JUN 6 1930

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170-C)

04176

CERTIFICATE OF DEATH

Reg. Dist. No. 108

1. PLACE OF DEATH:

County: Charles

City or town: Bryantown, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural near Bryantown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Francis Farmer

3. (b) Social Security Number: 213-16-2473

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 3, 1910

8. AGE:

Years	Months	Days	If less than one day
30	2	16	____ hrs. ____ min.

9. Birthplace: New port Md.
(Town, county, and state)

10. Usual occupation: farm & laborer

11. Industry or business

FATHER
12. Name: George Farmer
13. Birthplace: Newport, Md.

MOTHER
14. Maiden name: Frances Farmer
15. Birthplace: Newport, Md.

16. Informant: George Farmer (father)
Address: Bryantown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/20/40 (month) (day) (year)

Cemetery or crematory: St. Mary's

Location: Bryantown, Md.

18. Funeral director: Huntt & Ryon

Address: Waldorf, Md.

19. 4/20/40 (Date rec'd by registrar) 19 Eva Chappelear Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19, 1940, at 12:01 — 3:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on April 19, 1940, ~~to~~ ~~10~~, and that I ~~last~~ saw him ~~alive~~ on April 19, 1940.

Immediate cause of death	DURATION
~~[illegible]~~	
External hemorrhage & shock	5-10 min.
Due to	
Accidental traumatism by crushing	3-6 hrs
Due to	
Automobile accident	3-6 hrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident Date of 4-19-40

Where did injury occur? Bryantown, (City or town) Charles, (County) Md. (State)

Injured at home, farm, industry, public place (where?): Highway

Means of injury: Run over by auto Injured at work? No

23. SIGNATURE: James L. McKavanagh, M.D., Dep. Med. Examiner (M. D. or other)

Address: La Plata, Md. Date signed 4-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172) OB

07516

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Potomac River; washed ashore Stump (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Point (Marbury P.O.)

Stay in hospital or insf. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Va. County:

City or town: Quantico Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: U.S. Marine Corps. ~~Naval~~ Aviation Station (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Stanley Fila

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 30, 1916

8. AGE: Years: About 25 Months: Days: If less than one day: hrs. min.

9. Birthplace: Kingston, Luzerne Co. Pa. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER

12. Name: Walenty Fila

13. Birthplace: Poland

MOTHER

14. Maiden name: Catherine Wyora

15. Birthplace: Poland

16. Informant:

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/9/40 (month) (day) (year)

Cemetery or crematory:

Location: Quantico Va.

18. Funeral director: Hunt & Ryan

Address: Waldorf, Md.

19. July 9 1940 (Date rec'd by registrar) Mary Southerland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 20, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on June 17, 1940, ~~to~~ ~~19~~, and that I ~~last~~ saw h ion ~~alive~~ on June 17, 1940.

Immediate cause of death: Accidental drowning

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: —

DURATION: Minutes

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: Apr. 20, 1940

Where did injury occur? Potomac River (City or town), Charles (County), Md. (State)

Injured at home, farm, industry, public place (where?): Potomac River

Means of injury: Boat turned over Injured at work? No

23. SIGNATURE: James L. MacKenzie Jr., M.D., Dep. Med. Examiner M.D. or other

Address: La Plata, Md. Date signed: 7-9-40

N.B. This is to replace certificate for unidentified skeleton, issued June 17, 1940 K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 20 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04177

33-E

1. PLACE OF DEATH

County Charles Registration Dist. No. 104

Village or City Rock Point No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary J. Furbach If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: E. J. Furbach

6. DATE OF BIRTH (month, day, and year) —

7. AGE: Years 82 | Months — | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salisbury

FATHER

13. NAME: John Horner

14. BIRTHPLACE (city or town) (State or country): Salisbury Md.

MOTHER

15. MAIDEN NAME: Mary Harris

16. BIRTHPLACE (city or town) (State or country): Salisbury Md.

17. INFORMANT (Address): J. W. Furbach

18. BURIAL, CREMATION, OR REMOVAL Place: Holy Ghost Cem. Date: 4-11-1940

19. UNDERTAKER (Address): Huntt & Ryan Waldorf

20. FILED: 4-9-1940 T. L. Higdon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) 9 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3-25-1940, to 4-9-1940

I last saw her alive on 4-6-1940 death is said to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Grippe	

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) T. L. Higdon M. D.

(Address) Waysick

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

M

I

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 4 1928 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04178

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

CERTIFICATE OF DEATH

Reg. Dist. No. ~~100~~ 102

1. PLACE OF DEATH:

County: Charles

City or town: En route nr. La Plata Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles (Grayton P.O.)

City or town: Nanjemoy Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural West
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Parker Gray, Jr.

3. (b) Social Security Number: 229-07-5307

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ~~[illegible]~~

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 19th 1909

8. AGE: Years: 31 Months: 2 Days: ____ If less than one day: ____ hrs. ____ min.

9. Birthplace: Chas.
(Town, county, and state)

10. Usual occupation: Fishing & Crabing

11. Industry or business

FATHER
12. Name: John Parker Gray
13. Birthplace: Charles Co., Md.

MOTHER
14. Maiden name: Effie Haislip
15. Birthplace: Chas. Co Md.

16. Informant: Mrs. J. P. Gray. (mother)
Address: Grayton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4/21/40 (month) (day) (year)

Cemetery or crematory: Old Durham Cemetery

Location: West Ironsides, Md.

18. Funeral director: Hunt & Ryan

Address: Waldorf, Md.

19. April 19 1940 (Date rec'd by registrar) Lillian V. Posey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19, 1940, at 12:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on April 19, 1940, ~~to~~ ~~19~~, and that I ~~last~~ saw him ~~alive~~ on April 19, 1940.

Immediate cause of death: Fracture of cervical spine — DURATION: 50½ hrs

Due to: Automobile accident

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 4-16-40

Where did injury occur? nr. Cross Roads (City or town), Charles (County), Md. (State)

Injured at home, farm, industry, public place (where?): Highway

Means of injury: Automobile Injured at work? No

23. SIGNATURE: James L. MacKavanagh, M.D., Dep. Med. Examiner
M.D. or other

Address: La Plata, Md. Date signed: 4-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAY 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04179

1. PLACE OF DEATH (83a)

County Charles Registration Dist. No. 105

Village or City Waldorf No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Cecilia Lyles

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robt Lyles

6. DATE OF BIRTH (month, day, and yaar)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83 ?			

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.

10. Date daceased last workad at this occupation (month and yaar) —

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Charles County (State or country)

FATHER

13. NAME Nancy Jones

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT William Lyles (Address) Waldorf Md

18. BURIAL, CREMATION, OR REMOVAL Place Piscataway Md Date 4/23, 1940

19. UNDERTAKER Smith & Ryon (Address) Waldorf Md

20. FILED April 24, 1940 M. L. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 21 (Day) 1940 (Yaar)

22. I HEREBY CERTIFY, That I attandad deceased from July 8 1939, to Feb 10, 1940

I last saw h[illegible] alive on Feb 10, 1940; daath is said to hava occurrad on the date stated above, at 9 P m.

The **PRINCIPAL CAUSE OF DEATH** and ralated causes of importance wera as follows:

	Data of onset
Cerebral hemorrhage	
Other **Contributory Causes** of importanca: Age	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If daath was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseasa or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos Lyles M. D.

(Address) Waldorf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04150

1. PLACE OF DEATH

County Charles Registration Dist. No. 104

Village or City Tompkinsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Templeman If U. S. Veteran, specify WAR

(a) Residence: No. Tompkinsville St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	Single

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, dey, end year) 4-24-40

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
Stillbirth			0	0 hrs.

OCCUPATION

8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Dete deceased last worked et this occupation (month and yeer)

11. Total time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(Stete or country)

FATHER

13. NAME Joseph S. Templeman

14. BIRTHPLACE (city or town) Tompkinsville
(State or country) Chas Co. Md.

MOTHER

15. MAIDEN NAME Alice E. Butler

16. BIRTHPLACE (city or town) Faulkner.
(Stete or country) Chas Co.

17. INFORMANT Joseph S. Templeman
(Address) Tompkinsville Md.

18. BURIAL, CREMATION, OR REMOVAL
Plece Oete , 19

19. UNDERTAKER
(Address)

20. FILED , 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) 24 (Day) 1940 (Yeer)

22. I HEREBY CERTIFY, Thet I ettended deceased from 4-24, 1940 to 4-24, 1940

I last saw her alive on , 19 ; death is said to heve occurred on the date stated above, et m.

The PRINCIPAL CAUSE OF DEATH end reieted causes of importance were as follows:

	Date of onset
Stillborn at	
4 mo. gestation	
Other Contributory Causes of importance:	

Neme of operation Date of

What test confirmed diagnosis? Was there an eutopsy?

23. If deeth was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Neture of Injury

24. Was diseese or injury in any way related to occupation of deceesed?

If so, specify

(Signed) E. Koller M. D.

(Address) La Plata Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAY 4 1949
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN